

<b>PETITION FOR EXTENSION OF TIME UNDER 37 C.F.R. § 1.136(a)</b>		Atty. Docket No. 00-22 RCE
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Appln. No.: 10/016,506	Filed: December 10, 2001
Inventor(s): PAWLIKOWSKI et al.	Examiner: Koppikar, V.
Group Art Unit: 3626	Conf. No.: 9080
Title: System and Method for Upgrading a Medical Device	

This is a request under the provisions of 37 C.F.R. § 1.136(a) to extend the period for filing a response in the above identified application.

The requested extension and appropriate non-small-entity fee from the original due date of July 5, 2007 are as follows: *(check time period desired)*

<input type="checkbox"/>	One month - 37 C.F.R. § 1.17(a)(1)	\$ _____
<input type="checkbox"/>	Two months - 37 C.F.R. § 1.17(a)(2)	\$ _____
<input checked="" type="checkbox"/>	Three months - 37 C.F.R. § 1.17(a)(3)	\$ <u>1,050.00</u>
<input type="checkbox"/>	Four months - 37 C.F.R. § 1.17(a)(4)	\$ _____
<input type="checkbox"/>	Five months - 37 C.F.R. § 1.17(a)(5)	\$ _____

Less the previous extension fee of \$ \_\_\_\_\_ paid in papers dated \_\_\_\_\_, which were filed in the present application subsequent to the original due date.

<input type="checkbox"/>	Fee Transmittal Form Attached.
<input checked="" type="checkbox"/>	Authorization to charge the indicated fees to the Applicant's credit card has been provided herewith.
<input checked="" type="checkbox"/>	The Commissioner has already been authorized to charge fees in this application to Deposit Account No. 50-0558.
<input checked="" type="checkbox"/>	The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 50-0558.

I am the  assignee of record of the entire interest. See 37 C.F.R. 3.71  
(Statement under 37 C.F.R. § 3.73(b) is enclosed).

<input type="checkbox"/>	applicant.
<input checked="" type="checkbox"/>	attorney or agent of record.
<input type="checkbox"/>	attorney or agent acting under 37 C.F.R. § 1.34(a), Registration No. _____

October 3, 2007

Date

  
Signature

Michael W. Haas

Typed Name

35,174

Reg. No.